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<p align="center">TRANSMITTAL FORM</p> <p align="center">(to be used for all correspondence after initial filing)</p> <p>Total Number of Pages in This Submission: 7</p>	Application Number	09/855,804
	Filing Date	May 16, 2001
	First Named Inventor	Linda Ann Roberts
	Art Unit	2665
	Examiner Name	Jason E. Mattis
	Attorney Docket Number	BS00337

ENCLOSURES

(Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Name (Print/Type)	Bambi Faivre Walters	Reg. No.:	45,197
Signature	<i>Bambi Faivre Walters</i>		
Date	March 30, 2006		

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Name (Print/Type)	Maureen M. Pettine	Date	03/31/2006
Signature	<i>Maureen M. Pettine</i>		

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:	Linda Ann Roberts	Group Art Unit:	2665
Application No.:	09/855,804	Examiner:	Jason E. Mattis
Filed:	May 16, 2001	Docket No.:	BLS00337
Title:	"Priority Caller Alert"		

VIA FACSIMILE 571-273-8300

Attn: Examiner Jason E. Mattis

37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION

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Maureen M. Pettine

Name of Person Faxing This Paper

Maureen M. Pettine

Signature

March 31, 2006

Date of Transmission

INFORMATION DISCLOSURE STATEMENT

Pursuant to 37 CFR §§1.56, 1.97, and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached Form PTO 1449 (page 1). The references are as follows:

6,154,531	Clapper	11/28/2000
5,481,599	MacAllister, et al.	01/02/1996
2002/0016748	Emodi, Dan	02/07/2002

This Information Disclosure Statement is being submitted after the mailing of a first Office Action in this application and therefore, a certification fee is believed to be required (37 CFR § 1.97(b)(3)).

04/03/2006 MBINAS 00000007 09055004

01 FC:1006

100.00 OP

It is respectfully requested that the references listed on the attached forms be expressly considered by the Examiner and be made of record in the application and appear among the "References Cited" on any patent to issue therefrom.

Respectfully submitted,



Bambi F. Walters
Attorney for Applicants
Registration No. 45,197
P. O. Box 5743
Williamsburg, VA 23188
Telephone: 757.253.5729

Date: MARCH 30, 2006

FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

Application Number 09/855,804
Filing Date May 16, 2001
First Named Inventor Linda Ann Roberts
Examiner Name Jason E. Mattis
Art Unit 2865
Attorney Docket No. BS00337

TOTAL AMOUNT OF PAYMENT \$180.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other
☐ Deposit Account Deposit Account No. 19-2167

Deposit Account Name:

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☐ Charge fee(s) indicated below, except for the filing fee
☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	_____	_____
- 20 or HP =	_____	_____
Extra Claims	_____	_____
Fee (\$)	_____	_____
Fee Paid (\$)	_____	_____
Multiple Dependent Claims	_____	_____
Fee (\$)	_____	_____
Fee Paid (\$)	_____	_____

HP=highest number of independent claims paid for, if greater than 3.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____
- 3 or HP =	_____	_____	_____

HP=highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____
- 100 =	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Supplemental IDS Fee

180.00

SUBMITTED BY:

Name (Print/Type) Bambl F. Walters Registration No. 45,197 Telephone: (757) 253-5729
(Attorney/Agent)

Signature *Bambl F. Walters* Date MARCH 30, 2006

FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

Application Number 09/855,804
Filing Date May 16, 2001
First Named Inventor Linda Ann Roberts
Examiner Name Jason E. Maltis
Art Unit 2665
Attorney Docket No. BS00337

TOTAL AMOUNT OF PAYMENT \$180.00

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☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other
☐ Deposit Account Deposit Account No. 19-2167

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	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	—
Design	200	100	100	50	130	65	—
Plant	200	100	300	150	160	80	—
Reissue	300	150	500	250	600	300	—
Provisional	200	100	0	0	0	0	—

2. EXCESS CLAIM FEES

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Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
— - 3 or HP =	—	x — =	—

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Total Sheets	Extra Sheets	Fee (\$)	Fee Paid (\$)
— - 100 =	— / 50	— (round up) x	— =

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180.00

SUBMITTED BY:

Name (Print/Type)	Registration No.	Complete (if applicable)
Bambi F. Walters	45,197	Telephone: (757) 253-5729
Signature	Date	March 30, 2006

MAR 31 2006

Please type a plus sign (+) inside this box:

PTO/SB/08A (08-00)

Approved for use through 10/31/2002. OMB 0851-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Substitute for form 1449A/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Sheet

1

Q

1

Complete if Known

Application Number

09/855,804

Filing Date

May 16, 2001

First Named Inventor

Linda Ann Roberts

Group Art Unit

2665

Examiner Name

Jason E. Mattis

Attorney Docket Number

BS00337

U.S. PATENT DOCUMENTS

[illegible]

OTHER PRIOR ART – NON PATENT LITERATURE DOCUMENTS

Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²

Examiner Signature	Date Considered
-----------------------	--------------------

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number. ² Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.**